



PRN VIVITROL INJECTION LOG

Patient Name _____

Date of Visit _____

Facility: _____

1. Medication: Vivitrol

Dose: IV IM SQ

2. Plan: Continue Vivitrol as Directed by Current Plan of Care and Applicable Policies and Procedures

Updated Plan of Care and Frequency: _____

3. Comments: _____

4. Next Scheduled Visit: ____ / ____ / ____